

AMENDED IN ASSEMBLY JUNE 15, 2006
AMENDED IN ASSEMBLY AUGUST 30, 2005
AMENDED IN ASSEMBLY JULY 13, 2005
AMENDED IN SENATE JUNE 1, 2005
AMENDED IN SENATE APRIL 28, 2005
AMENDED IN SENATE APRIL 20, 2005
AMENDED IN SENATE APRIL 7, 2005

SENATE BILL

No. 739

Introduced by Senator Speier

February 22, 2005

~~An act to add Sections 1279.1 and 128763 to the Health and Safety Code, relating to health facilities. An act to add Article 3.5 (commencing with Section 1288.5) to Chapter 2 of Division 2 of the Health and Safety Code, relating to health facilities.~~

LEGISLATIVE COUNSEL'S DIGEST

SB 739, as amended, Speier. Hospitals: infection control.

Existing law provides for the licensure and regulation by the State Department of Health Services of health facilities, including general acute care hospitals, *as defined*. A violation of these provisions by a health facility is a crime. Existing law requires health facilities to file reports containing health facility data with the Office of Statewide Health Planning and Development *implement various measures to protect against the spread of infection in health facilities*.

~~This bill would require a general acute care hospital to have a written infection control program for the surveillance, prevention, and~~

~~control of infections. The bill would require the department to annually evaluate and revise the program and would authorize the department to require the hospital to submit a plan of correction. Because the bill would add to the requirements of a health facility, and a violation of those requirements would be a crime, the bill would impose a state-mandated local program.~~

~~This bill would, for a specified time period, require a general acute care hospital to collect and maintain data on selected hospital-acquired infections. The bill would require the establishment of an advisory panel by the office to oversee the statewide planning and implementation of hospital collection and risk-adjustment of hospital-acquired infection data. It would require the hospital to report specified information to the office. By increasing the duties of local health officials with respect to service on the advisory panel, the bill would impose a state-mandated local program.~~

~~This bill would require the office, by January 1, 2008, to establish data collection and reporting methods and timelines, as well as other related operating procedures, based upon the recommendations of the advisory panel. The bill would declare legislative intent that certain data be made available to the public regarding hospital-acquired infections, and would limit the scope of the data to be collected prior to January 1, 2008. The bill would prohibit hospital-acquired infection data made available to the public from containing personally identifiable information and would require that data supplied to state agencies be used only for the purpose of tracking rates of specific hospital-acquired infections. The bill would require the data collection to be subject to the oversight of the advisory panel.~~

~~*This bill would establish the Hospital Infectious Disease Control Program, which would require the department and general acute care hospitals to implement various measures relating to disease surveillance and the prevention of health care associated infection (HAI). In that regard, the bill would require the department, by July 1, 2007, to appoint a Healthcare Associated Infection (HAI) Advisory Committee, composed of specified members, that would be required to make recommendations related to methods of reporting cases of hospital acquired infections occurring in general acute care hospitals, as provided.*~~

~~*The bill would require each general acute care hospital, in collaboration with infection prevention and control professionals, and with the participation of senior health care facility leadership, as a*~~

component of its strategic plan, at least once every 3 years, to prepare a written report that examines the hospital's existing resources and evaluates the quality and effectiveness of the hospital's infection surveillance and prevention program, including specified information. The bill would require each general acute care hospital that uses central venous catheters (CVCs) to implement policies and procedures to prevent occurrences of HAI, as recommended by specified guidelines and other evidence.

The bill would require the department, by July 1, 2007, to require that each general acute care hospital, in accordance with specified guidelines, implement specified measures designed to prevent the spread of influenza in those hospitals, and would require the department, by January 1, 2008, to take specified actions to protect against HAI in general acute care hospitals statewide, as provided.

The bill would require each general acute care hospital, on and after January 1, 2008, to report to the department its implementation of infection surveillance and infection prevention and control process measures that have been endorsed by the Centers for Disease Control (CDC) Healthcare Infection Control Practices Advisory Committee. It would require the department to make this information public within a specified period. The bill would require the department, by January 1, 2009, to require each general acute care hospital to develop, implement, and periodically evaluate policies and procedures to prevent secondary surgical site infections, and to implement the current CDC guidelines and other prescribed process measures designed to prevent health care associated pneumonia, as specified. It would require the department, during surveys, to evaluate the facility's compliance with existing policies and procedures.

By increasing the duties of local health officials with respect to service on the advisory committee, and imposing various new duties on acute care hospitals with respect to disease surveillance and prevention, a violation of which would be a crime, the bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that with regard to certain mandates no reimbursement is required by this act for a specified reason.

With regard to any other mandates, this bill would provide that, if the Commission on State Mandates determines that the bill contains costs so mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: yes.

The people of the State of California do enact as follows:

1 *SECTION 1. (a) The Legislature finds and declares all of the*
2 *following:*

3 *(1) Health care facilities across the nation have seen a steady*
4 *increase in the risk of healthcare associated infection (HAI)*
5 *during recent decades.*

6 *(2) According to published estimates, approximately 5 to 10*
7 *percent of hospitalized patients develop one or more HAI every*
8 *year.*

9 *(3) Infections associated with catheters, blood stream*
10 *infections associated with central venous lines, pneumonia*
11 *associated with the use of ventilators, and surgical site infections*
12 *account for more than 80 percent of all HAI.*

13 *(4) Approximately 25 percent of HAI cases occur among*
14 *patients in intensive care units, and two-thirds of those cases are*
15 *linked to antimicrobial resistance.*

16 *(5) Conservative estimates indicate that approximately*
17 *240,000 patients admitted to California hospitals each year*
18 *develop HAI, which results in an estimated cost of \$3.1 billion to*
19 *the state.*

20 *(6) A significant percentage of HAI cases can be eliminated*
21 *with intensive programs for surveillance and prevention of HAI.*

22 *(b) It is the intent of the Legislature, in enacting this measure,*
23 *to improve existing disease surveillance and infection prevention*
24 *measures in all California general acute care hospitals, thereby*
25 *preventing prolonged and unnecessary hospitalizations and*
26 *decreasing mortality rates resulting from HAI.*

27 *SEC. 2. Article 3.5 (commencing with Section 1288.5) is*
28 *added to Chapter 2 of Division 2 of the Health and Safety Code,*
29 *to read:*

1 Article 3.5. *Hospital Infectious Disease Control Program*

2
3 1288.5. *By July 1, 2007, the department shall appoint a*
4 *Healthcare Associated Infection (HAI) Advisory Committee that*
5 *shall make recommendations related to methods of reporting*
6 *cases of hospital acquired infections occurring in general acute*
7 *care hospitals, and shall make recommendations on the use of*
8 *national guidelines and methods for preventing the spread of*
9 *HAI. The advisory committee shall include persons with expertise*
10 *in the surveillance, prevention, and control of hospital-acquired*
11 *infections, including department staff, local health department*
12 *officials, health care infection control professionals, hospital*
13 *administration professionals, health care providers, health care*
14 *consumers, physicians with expertise in infectious disease and*
15 *hospital epidemiology, and integrated health care systems.*

16 1288.6. (a) (1) *Each general acute care hospital, in*
17 *collaboration with infection prevention and control*
18 *professionals, and with the participation of senior health care*
19 *facility leadership shall, as a component of its strategic plan, at*
20 *least once every three years, prepare a written report that*
21 *examines the hospital's existing resources and evaluates the*
22 *quality and effectiveness of the hospital's infection surveillance*
23 *and prevention program.*

24 (2) *The report shall evaluate and include information on all of*
25 *the following:*

26 (A) *The risk and cost of the number of invasive patient*
27 *procedures performed at the hospital.*

28 (B) *The number of intensive care beds.*

29 (C) *The number of emergency department visits to the*
30 *hospital.*

31 (D) *The number of outpatient visits by departments.*

32 (E) *The number of licensed beds.*

33 (F) *Employee health and occupational health measures*
34 *implemented at the hospital.*

35 (G) *Changing demographics of the community being served by*
36 *the hospital.*

37 (H) *An estimate of the need and recommendations for*
38 *additional resources for infection prevention and control*
39 *programs necessary to address the findings of the plan.*

1 (3) *The report shall be updated annually, and shall be revised*
2 *at regular intervals, if necessary, to accommodate technological*
3 *advances and new information and findings contained in the*
4 *triennial strategic plan with respect to improving disease*
5 *surveillance and the prevention of HAI.*

6 (b) *Each general acute care hospital that uses central venous*
7 *catheters (CVCs) shall implement policies and procedures to*
8 *prevent occurrences of health care associated infection, as*
9 *recommended by the Centers for Disease Control Prevention of*
10 *Intravascular Bloodstream Infection Guidelines or other*
11 *evidence based on national guidelines, as recommended by the*
12 *advisory committee. A general acute care hospital that uses*
13 *CVCs shall internally begin reporting CVC associated blood*
14 *stream infection rates in intensive care units, utilizing device*
15 *days to calculate the rate for each type of intensive care unit, to*
16 *the appropriate medical staff committee of the hospital on a*
17 *regular basis.*

18 1288.7. *By July 1, 2007, the department shall require that*
19 *each general acute care hospital, in accordance with the Centers*
20 *for Disease Control guidelines, take all of the following actions:*

21 (a) *Offer onsite influenza vaccinations to all hospital*
22 *employees at no cost to the employee. Each general acute care*
23 *hospital shall require its employees to be vaccinated, or if the*
24 *employee elects not to be vaccinated, to declare in writing that*
25 *he or she has declined the vaccination.*

26 (b) *Institute respiratory hygiene and cough etiquette protocols,*
27 *develop and implement procedures for the isolation of patients*
28 *with influenza, and adopt a seasonal influenza plan.*

29 (c) *Revise an existing or develop a new disaster plan that*
30 *includes a pandemic influenza component. The plan shall also*
31 *document any actual or recommended collaboration with local,*
32 *regional, and state public health agencies or officials in the event*
33 *of an influenza pandemic.*

34 1288.8. (a) *By January 1, 2008, the department shall take all*
35 *of the following actions to protect against health care associated*
36 *infection (HAI) in general acute care hospitals statewide:*

37 (1) *Implement an HAI surveillance and prevention program*
38 *designed to assess the department's resource needs, educate*
39 *health facility evaluator nurses in HAI, and educate department*

1 *staff on methods of implementing recommendations for disease*
2 *prevention.*

3 *(2) Investigate the development of electronic reporting*
4 *databases and report its findings to the HAI advisory committee*
5 *established pursuant to Section 1288.5.*

6 *(3) Revise existing and adopt new administrative regulations,*
7 *as necessary, to incorporate current guidelines and standards for*
8 *HAI prevention.*

9 *(4) Require that general acute care hospitals develop a*
10 *process for evaluating the judicious use of antibiotics, the results*
11 *of which shall be monitored jointly by appropriate infectious*
12 *disease, infection prevention and control, pharmacy, and*
13 *therapeutic professional associations or committees involved in*
14 *developing measures to promote infection prevention and to*
15 *monitor quality control in hospitals.*

16 *(b) On and after January 1, 2008, each general acute care*
17 *hospital shall report to the department its implementation of*
18 *infection surveillance and infection prevention and control*
19 *process measures that have been endorsed by the Centers for*
20 *Disease Control (CDC) Healthcare Infection Control Practices*
21 *Advisory Committee. In consultation with the advisory committee*
22 *established pursuant to Section 1288.5, the department shall*
23 *make this information public no later than six months after*
24 *receiving the data. Each general acute care hospital shall also*
25 *submit data on implemented process measures to the National*
26 *Healthcare Safety Network of the CDC, or to any other*
27 *scientifically valid national HAI reporting system based upon the*
28 *recommendation of the advisory committee established pursuant*
29 *to Section 1288.5. Any outcome measures related to the report,*
30 *as determined by the hospital's infection prevention and control*
31 *surveillance program, shall not be required to be publicly*
32 *reported by the hospital and may be used for the hospital's*
33 *internal purposes. Hospitals shall utilize the Centers for Disease*
34 *Control and Prevention definitions and methodology for*
35 *surveillance of HAI. Hospitals participating in the California*
36 *Hospital Assessment and Reporting Task Force (CHART) shall*
37 *publicly report those HAI measures as agreed to by all CHART*
38 *hospitals.*

39 *1288.9. By January 1, 2009, the department shall do all of the*
40 *following:*

1 (a) Require each general acute care hospital to develop,
2 implement, and periodically evaluate compliance with policies
3 and procedures to prevent secondary surgical site infections
4 (SSI). The results of this evaluation shall be monitored by the
5 infection prevention committee and reported to the surgical
6 committee of the hospital.

7 (b) Require each general acute care hospital to develop
8 policies and procedures to implement the current Centers for
9 Disease Control guidelines and Institute for Healthcare
10 Improvement (IHI) process measures designed to prevent health
11 care associated pneumonia.

12 (c) During surveys, evaluate the facility's compliance with
13 existing policies and procedures to prevent SSI.

14 SEC. 3. No reimbursement is required by this act pursuant to
15 Section 6 of Article XIII B of the California Constitution for
16 certain costs that may be incurred by a local agency or school
17 district because, in that regard, this act creates a new crime or
18 infraction, eliminates a crime or infraction, or changes the
19 penalty for a crime or infraction, within the meaning of Section
20 17556 of the Government Code, or changes the definition of a
21 crime within the meaning of Section 6 of Article XIII B of the
22 California Constitution.

23 However, if the Commission on State Mandates determines that
24 this act contains other costs mandated by the state,
25 reimbursement to local agencies and school districts for those
26 costs shall be made pursuant to Part 7 (commencing with Section
27 17500) of Division 4 of Title 2 of the Government Code.

28 SECTION 1. ~~Section 1279.1 is added to the Health and~~
29 ~~Safety Code, to read:~~

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31
32 **All matter omitted in this version of the bill**
33 **appears in the bill as amended in the**
34 **Assembly, August 30, 2005. (JR11)**
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